Healthwatch Portsmouth Fourth Walk-Thru: QA Hospital Emergency Department

27.08.21

Notes of our journey through the department with recommendations

Healthwatch Portsmouth Walk-Thru: QA Hospital Emergency Department – 27.08.21. Notes of our journey through the department with recommendations:

On arrival at the entrance to the Emergency Department (ED) there were 2 signs.

We felt that the one on the right was helpful as an initial guide to patients not familiar with the new way of accessing A&E services at QA Hospital. The information displayed on the poster on the left was too small to read. We were told that these signs would be updated soon. Question to PHUT: Have these signs now been updated outside of ED by November?

The sign on the left has been removed from the department.

In the Emergency Department (ED) arrival hall

We were greeted at the entrance to the Emergency Department (ED) by the ED Matron. As we entered the external doors into the ED entrance hallway a poster asked if the patient COVID symptoms.

Another poster advised if the patient had any of the life-threatening conditions listed to go straight through to the Emergency Department. If the patient had a non life-threatening condition they were directed to contact 111 using either their own phone or the iPad screens available in the information pods. We were told by

the ‘ED Arrivals Team’ staff that the iPads would soon display the same information as the posters displayed outside the ED building (displaying briefer instructions). A question to PHUT: ‘We’d like to know if that has happened yet?

Yes the iPads display the same information that is displayed in the posters.

Trauma assessment

The Healthwatch Portsmouth Walk-Thru team (HWP) were informed of the following by a Nurse Navigator in the ED front door:

- that 111 sometimes don’t give ‘appointment times’ but state a one hour slot in which the patient can arrive for their appointment in QA ED. Staff thought this may help reduce the expectation of the patient to ‘be seen’ on arrival at a specific time rather than ‘within a one hour window’ of the time stated by 111 and could help manage expectations if suddenly a patient with a ‘higher acuity’ (with a near life-threatening condition) turned up at the same time and needed treatment. HWP recommend that PHUT staff inform patients arriving via 111 that they have been given an ‘arrivals slot’ rather than a specific appointment time.
  Governance calls taking place between PHU reps and 111 reps and this has been raised with the 111 service that the correct terminology should be given to patients about an ‘arrivals slot’ rather than an ‘appointment slot’. This message has been continually reinforced and PHU ED staff are advised to ensure they are using this terminology with patients as well.

  HWP have been told anecdotally that when patients have been asked to complete a ‘patient experience attending ED’ survey they have mostly been positive responses.

- if the patient arrives via a GP referral the patient *should* have been issued with a letter or text to show the arrivals team at ED that they have been sent for relevant treatment. What happens if they do not have a letter? Do they need to be re-assessed via 111? That would duplicate the triage system.
  If a patient has no letter from the GP then they are asked to book in again via the 111 system available on the iPads.

- if a GP receptionist navigates a patient in their surgery to A&E services then the GP surgery *should* issue a referral hard copy. Nurse Navigators in the ED Arrivals Team do ***not*** have access to SystemOne that all GPs in Portsmouth use. PHUT staff use Oceana network: A question to PHUT: should IT systems be linked to help with patient flow/ ED access?
  It would be more efficient if the systems linked together but unfortunately they do not.

- if a GP refers a patient for specialist treatment they will need to show their letter at the ED front door, then will be directed to the specific department within QA Hospital for treatment. A question to PHUT: Is this appointment based – what happens if patients with outpatient appointments for this

particular department are already waiting for their appointment– who gets priority?
This is via the SDEC (Same day emergency care) pathway where a GP can refer through a specific pathway for a patient to be seen for specific treatment. If they arrive in the ED then they will be directed to the correct place for that treatment.

- if a patient arrives at ED front door without a 'smart phone/device' then they will be helped by the Nurse Navigator to use the online assessment tool on 111.nhs.uk on the iPads in the information pods in the arrivals team area. They would then either re-directed * or treated in ED.

But if a Navigator Nurse is supporting a patient with their online triage tool they are not available to receive anyone else who arrives at ED who may have a life threatening condition needing an assessment asap/ or who becomes distressed on arrival to find no one to help at the entrance. If ED is very busy can other staff cover?
Patients do need a smart phone to be able to complete the online assessment tool but if they do not have a smart phone then they can use the phone that is on the wall that takes them straight through to the 111 service. We have health care support workers (HCSWs) in the reception supporting patients to access the triage tools and we also have volunteers helping with this but not on a daily basis. However, the team always make sure a HCSW is allocated to the reception to support with this role.

- the ED Arrivals Team have noticed a high number of 18 – 40 yr olds arriving at ED expecting treatment ***now*** for a minor injury that doesn't need treatment in an Emergency Department, which now only treats 'major' injuries.

This cohort are possibly not aware that there is no longer capacity at QA hospital to treat 'minor' injuries. Navigator Nurses suggested that there should be information provided in drop-in COVID vaccination centres, electric scooter bays, college e-bulletin boards, younger person social media platforms and on GP surgery websites. HWP thinks this is a good idea since there's not enough info about where to go to seek support for minor injuries rather major injuries and what constitutes what. (There was a useful list of 'major' conditions that could be treated at QA on a sign outside ED front door. This could be replicated onto posters around the city)
PHU agree this is a good idea and this has been brought up on system calls with partners, media, comms etc to implement.

- mornings tend to be quiet, with afternoons and evenings busier and nighttime very busy. During busier times PHUT have >1 staff in the arrivals area.

They ask for the support worker in the reception area which usually monitors patients' health to help out with the patient arrivals intake process. A question to PHUT: have staff had conflict resolution training to manage challenging situations they may face?
Conflict resolution is mandatory training for all staff. We also have Breakaway training available for staff and there is a 24/7 presence of security in the department.

- if a patient arrived at ED front door with the same urgent care health need as a patient arriving at the same moment who had been made an appointment by 111 to attend ED we were told that the patient with the appointment would be seen first. If a patient with a clearly life-threatening condition arrived at the ED front door though the arrivals co-ordinator would take them straight through to the Emergency Department for treatment.

- The evening opening times at St Mary's Urgent Treatment Centre were reduced in the summer to 8pm which means that patients with a minor injury arriving after 8pm (thinking it was open later in the evenings) are being sent up to QA Hospital ED. On arrival at QA with their minor injury condition they may then be re-directed by the arrivals team to use the 111 triage tool to determine which service to access, which probably would direct them back to the Urgent Treatment Centre. This patient 'journey' is not likely to be very popular. A question to PHUT: Is there now extra staffing available at St Mary's to enable later opening for the minor injuries unit to prevent further re-directed minor injuries patients arriving after 8pm at ED?

  Unsure of the exact staffing arrangements at St Marys as they are not part of our trust. However we are aware that Gosport War Memorial Hospital is open till 10pm and the Emergency Care Centre (ECC) here at PHU is also open till 10pm.

- On arrival at QA ED if the patient had an appointment they could show their letter or text from their GP, or say they had been advised by a pharmacist to attend or confirm that they had been made an appointment by 111 – which should show on PHUT's ED appointment booking system ('Adastra') which isn't linked to 'System one' which is what GP surgeries use? If not, why not? Same response as earlier, it would be more efficient if the systems were linked.

- an 'Emergency Adult /Immediate Care Needs' assessment card is completed, with either an orange or purple sticker attached to the form.

Orange = patient assessed in arrivals hall as needing to access the ED for treatment.

Purple = patient has used the triage tool in the ED Arrivals booths and has been assessed to need ED.

The arrivals co-ordinator puts the correct colour card in the box outside of the navigation room and then the nurse sees the patient. The card is then sent to reception where the reception team book the patient in and the patient is given a wristband to wear for their entire time in the hospital and the patient is asked to take a seat.

Patients in ED reception area are observed every hour by the ED reception area support worker. Wrist bands help with the giving of medication/ care as patients

wait. If a child arrives in to QA ED Arrivals area they go to the main reception first to be booked in then and then directed through to the Paediatric Department.

The PHUT ED Arrivals Team have been nominated for an award, they do case reviews of patient experience and undertake surveys of patient experience using the 111 triage tool – which are generally positive.

- ED no longer have a dedicated trained mental health clinician but do have mental health teams who are on call and available all day and all night. Patients who arrive at QA ED and state they have mental health needs or are assessed to have mental health needs are referred through to the Acute Medical Unit (AMU), within the Emergency Department. Frail /geriatric patients arriving at QA ED are assessed by the Frailty Team and given a score for care needs. There is interpretation service, sign language support, a Learning Disability support team and dementia nurses available to support arriving patients.

NHS services sending patients to St Mary's Urgent Treatment Centre :

It is apparent to HWP that there seem to be several sources of patient journeys resulting in very many arrivals at St Mary's NHS Urgent Treatment Centre which needs better flow management.

There is anecdotal evidence of frequent queuing of patients in the car park outside the Urgent Treatment Centre (UTC) which is run by Practice Plus Group, Portsmouth, on the St Mary's Community Health Campus site. Practice Plus Group's website says the UTC is open 8am – 8pm, no appointment necessary. Further down the landing page on the UTC webpage it says:

"Our waiting times can be considerably less than emergency departments and if we are unable to help, we can refer or direct you to the most appropriate service. Patients are treated in order of priority rather than order of attendance. Call NHS 111 before visiting us to get an appointment at a specific time."

A Question for PHUT/Solent NHS regarding St Mary's UTC: If there is a long queue of patients in the car park how does the reception team at the UTC identify the order of priority of need of all those patients presenting?

111 is making appointments for patients at the UTC but does not have sight of the number of patients queuing outside the facility in the car park. QA ED Arrivals Team do not have sight of the number of patients currently queuing for treatment so if they are sending patients who have presented at QA ED down to St Mary's to receive treatment for a minor injury they may just be sending patients to join a long queue. HWP thinks there needs to be more connectivity between QA ED, 111 and St Mary's UTC reception to manage patient flow. A simple phone link between QA and St Mary's may help with identifying patient numbers. A web cam in the car park at the entrance to the UTC, visible to the 111 team could help them identify

when St Mary's UTC is especially busy and re-direct the patient to an appropriate alternative service.

If it is established that there are already too many patients waiting for help at St Mary's Urgent Treatment Centre could a 'temporary overflow system in the AMU part of ED' at QA be called up and staffed to help patients with their condition, even if it might be considered to be a 'non-major' condition?

There is no current link up with St Marys, the care group manager for urgent care has good links with the management there but there are no systems for reviewing capacity as described above. There are definitely ways that we can improve on this and we will explore this in more detail.

HWP have received anecdotal evidence that patients arriving at ED have been sent to St Mary's to receive minor injuries treatment but then told that that was an inappropriate referral and sent back to QA Hospital, who then asked the patient to contact 111 for triaging = a circular and very unsatisfactory patient journey for accessing urgent treatment which needs sorting.

In the Patient Navigation area of ED waiting room

HWP were told that in the 'patient navigation section' (immediately inside the ED reception area there's space for fewer than 5 patients (to maintain safe social distancing to avoid COVID infections). If there are more than 5 patients in the navigation area (due to the arrivals area being busy) it triggers a 'navigation surge' with healthcare assessments being undertaken by extra staff which arrive to assess patients in the vicinity of the navigation area. A question to PHUT: How often has this happened since the end of August?

This is recorded as part of the safety huddle but we do not have the exact amount of times, however we are aware this happens frequently.

HWP were told that the navigator nurse and support worker do an assessment of the patient within 15 minutes of their arriving and registering at the ED reception desk. This is for patients who have either been triaged by the ED Arrivals Team to go into the ED waiting area which has seating for 15 patients or have an appointment made for them via 111. The door to the navigation room is shut for privacy during the initial assessment of the patient's needs. ***HWP think that this is a good to maintain patient privacy***.

[When the HWP Walk-Thru team were in the QA Hospital ED waiting area we noticed that there was a person in a wheelchair who was trying to communicate with the reception team. They needed the counter to be lowered to speak with Reception staff but this was not done. There were no stickers on ED reception windows to state there was a hearing loop available. These need attention please.]

The middle desk at reception is a lower desk and this should always be at a lower setting so we will ensure this is the case. The stickers on reception re the hearing loops are now present.

When the patient is being assessed by the Navigator Nurse (including a heart tracer test and notes taken of the patient's condition) the card is scanned onto the IT system so it's visible by the ED Team.

After being seen by the navigator Nurse the patient sits in the waiting area and is seen according to clinical need.

We progressed into the **Majors Ambulatory Area** where there is a 'donning area' of PPE to provide COVID protection clothing if clinicians need to do resuscitation. Within the Majors Ambulatory Area (MAA) there are 14 chair spaces and consultation rooms to do blood tests and investigations on patients, together with a screened area containing 4 chairs.

A navigated patient can wait in a chair to be assessed and treated in this area. If a patient has a broken limb they will be treated in this area and put into plaster for their broken bone. Any medication the patient is already taking and need to take is held on site for security. ***HWP think that this is a good 'one stop shop'***.

We progressed to the **Ambulance Area/Majors B** in which there are bays for ambulance crews arriving with patients who have been conveyed as a '999 call out'. If all bays are full the patient waits in the ambulance for a bay to be available, with direct access to resuscitation during this time. Question for PHUT: How often has this happened on a daily basis since August? (Anecdotally, in mid October one day there were 35 ambulances parked outside QA ED waiting with patients. The demand at QA's Emergency Departments seems to have grown significantly over the last 6 months.)
This happens most days that the department is full and ambulances are required to wait with the patient in the ambulance in order to handover.

Within Majors B there are 8 more bays where patients can be assessed, treated and can receive an x-ray. Anyone of any age is offered oxygen if needed. Patients who fulfil a set of health assessment criteria are also offered a rapid point of care test. A patient being seen in this area have only their initials (matching the name on their wristband) displayed on the handwritten display board.

There is a mental health observation room for high-risk patients to be cared for.

In the **EDU** (a larger Majors area) there is space for a 'surge COVID area' while the pandemic continues. There are also an extra 8 bays in this area which houses a relative's lounge and relative's room next to a palliative care bed for a dying relative. ***We are really pleased that these rooms are to be included in the new build plans for the QA Emergency Department due to be opened in 2024***.

We were shown the new wellbeing room for staff to be able to take some desperately needed rest and time out from the ED. ***HWP felt this was like an extremely supportive extra support resource for PHUT staff to make use of.***

We then progressed to the **Acute Medical Unit (AMU)**
We were told that patients arrived here via an ED referral (having been assessed in one of the ED chairs) or via a GP referral. Patients arriving at the front door of ED who had a letter from their GP would be asked to go through reception to 'AMU'.

A 'GP Nurse' looks after the GP referrals as well as same day care and deep vein thrombosis, renal patients, chest pain and frail patients. There is a Same Day Emergency Clinician (SDEC) nurse who is in charge overall of 'GP referral patients. In AMU there are 4 assessment cubicles with 63 inpatient beds (averaging a 24 – 72hrs stay). Question for PHUT: Is this length of stay significantly different during the winter months?

Patients are looked after by a junior doctor, while the AMU is run by a consultant. An escalation area is available but was not being used in late August '21. If necessary, patients are seen by a GP, with help from the military clinical staff team. There is one team for male and one team for female patients.

The AMU is being developed into a new 'Medical Village' up on D level at the hospital in November. Wards D1 – D4 on the 3rd and 4th Fl of QA Hospital are swapping with current the location of the AMU. When the Medical Village opens there will be a 'patient-centred' admissions and assessment seamless flow to the inpatient facilities in a 57 bed unit on D4. There is a designated 'high risk' area with cubicles for patients with mental health issues, with de-escalation therapy available, particularly focused on 17 yr olds. There is a pharmacy based within AMU. The Trust is working towards hospital admission avoidance by using the facilities in AMU to support a more freely flowing patient journey through the hospital. From September the AMU is hoping to develop a pink room in which patient assessment can be done and early discharge if possible. Question for PHUT: has this been achieved yet? HWP was wondering why the staff and Trust were keen to change the location of the AMU from the modern facilities on the ground floor in ED, next to the x-ray facilities, to an older part of the hospital, 3 floors up? The AMU was moved in December to the same area of the hospital just one floor up. This has been done as part of a larger piece of work to enable better flow.

On D3 Ward we were told that the Trust is dedicating time to ensure that staff know exactly what to do so that when patients on this ward are fit to go home, known as 'medically optimised patients' there is no delay in the process. Staff told us that there had been an issue with availability of consultants at weekends which had previously slowed down the discharge assessment process. There is now a 'criteria-led discharge' process which can be undertaken by a nurse, the criteria having been set by a consultant. The consultant will have already spoken to the patient in D3 to advise that if the patient's results were "x" then it would be safe for the nurse in charge that day to discharge them rather than wait for a consultant to be available to agree to discharge.

HWP was told that D3 Ward has links with the Discharge Lounge, including transport and medicine provision teams. Contact is made by D3 teams to the Discharge Lounge between 8am and 10am. 'Medically Fit For Discharge' (MFFD) patients in the rest of the hospital can be identified by the Medicines Optimisation Unit and transferred into D3 ward from which they can be discharged when a check has been made (as for all patients on D3) that there is sufficient help where necessary from social care, in-reach teams and/or care homes. Questions for PHUT: 'what is the rate of flow through the hospital now compared to pre-COVID and pre-introducing '111First? ' What is the rate of re-admission within 48 hours of patients being signed off and discharged by the Medicines Optimisation Unit?

Flow Thorough the hospital

The conversion rate for patients arriving to the Emergency department during 2021/22 appears to be at the same levels when compared to a pre-covid position in 2019; 33%.

However, during the pandemic the conversion rate did increase to an average to 40% (April to Jan 2021/22) due to the reduction in overall attendance levels arriving at QA, mainly driven by less walk-in attendances.

Readmissions

Levels of patients being readmitted within 30 days of discharge across PHU during 2021/22 (April to December) is currently 13.4%. This position appears to be a slight improvement when compared to the same period in 2019/20 where the reported position was 13.9%. Please note reporting of this measure is based on the national reporting definition which excludes patients on cancer and maternity pathways and those patients who have died. Locally, we've also excluded Medical Ambulatory patients.

When the Medical Village is launched there will be D1 (Same Day Emergency Care (SDE) (30 beds), D2 ward and D3 ward (34 beds) known as the AMU to continue to care for orthopaedic patients. D4 is the short stay unit. Wards D1/D4 on which orthopaedic patients were supported will move to D7/D8.

HWP were then shown the **Discharge Lounge,** now located in a purpose-built unit, next to East Entrance. Patient flow though the Discharge Lounge is tracked by the hospital IT systems. Question for PHUT: has patient flow slowed since August? No, flow has not slowed. The discharge lounge team are seeing the highest levels of activity on record and they have now also increased their opening times to contribute to facilitating patient flow further.

The Discharge Lounge is supported by nurses who observe patients who are waiting in chairs, or sometimes in beds, depending on the patients' needs (including supporting people with learning disabilities, mental health conditions or dementia). Transport is booked 24hrs in advance for patients who are due to be transferred to the Discharge Lounge. A '4-hour window' is stated as the likely time during which a patient will be collected from the Discharge Lounge. Question to PHUT: Is the 4-hour window being maintained during the autumn?
Discharge activity is higher and they are seeing a rise in bookings and the original contract does not cover the numbers they are now seeing.

Patients' medication needs are identified in advance of their being discharged. A hospital pharmacy, located in the Discharge Lounge, provides medication for patients who are waiting to leave the lounge rather than the patient having to wait on the hospital ward to have firstly received their prescribed medication. ***HWP think that this is a great development since we last undertook a walk-thru of ED, during which time we had asked whether it was possible to have a pharmacy to dispense medication there rather than on a ward to free up much needed ward beds.***

Patients can be collected by friends and relatives from the Discharge Lounge as well the Patient Transport service which is supported by Trust volunteer drivers

and Red Cross volunteers. Meals can be provided if the patient is waiting there during mealtimes. ***HWP think that this is a great support for waiting patients.***

Patients will only be discharged if they are clinically well enough – there are occasions when a patient's condition, if observed by the attendant nurse to have deteriorated, will be deemed to require that the patient is taken back to a ward for more care. The Discharge clinical team were keen to point out to HWP that the overriding process was for a 'safe patient discharge following an assessment and planning of their ongoing health supported in the community'. Relatives are encouraged to provide input to the patient assessment and discharge plan via the Patient Advice and Liaison Service (PALS) to help the Trust ensure that there is a package of care available on discharge. ***HWP think this is a great development.***

Report and recommendations end.
15.11.21
Siobhain McCurrach, Healthwatch Portsmouth Manager.

Healthwatch Portsmouth Walk-Thru team.
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